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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY ISRAEL | SHEETS DRAWING 2 | TOTAL CLAIMS 9 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials | | | |

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TITLE

Syringe pump

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| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
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